



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT DUNN HOSPITAL

City of Hospital: Bedford

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151335

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8438891
Outpatient Patient Service Revenue	\$46150064
Total Gross Patient Service Revenue	\$54588955

2. Deductions From Revenue

Contractual Allowance	\$32163834
Other Deductions	\$750041
Total Deductions	\$32913875

3. Total Operating Revenue

Net Patient Service Revenue	\$20143303
Other Operating Revenue	\$4526371
Total Operating Revenue	\$24669674

4. Operating Expenses

Salaries and Wages	\$5605464	Employee Benefits	\$1549633
Depreciation and Amortization	\$1018132	Interest Expense	\$233176
Bad Debt	\$1531776	Other Expenses	\$13870419
Total Operating Expenses	\$23808600		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2392851	Total Assets	\$11832523
Net Non-operating Gains over Loss	\$-2077	Total Liabilities	\$11285986

Total Net Gains	\$2390774
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$19902314	\$11608761	\$8293553
Medicaid	\$18555407	\$13105802	\$5449605
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$16131233	\$6998177	\$9133056
Total	\$54588954	\$31712740	\$22876214

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$52871	\$-52871

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1201135
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$454768	
HCI Payments	\$0		
Subtotal	\$0	\$454768	\$-454768
Medicaid Shortfalls	\$5019860	\$8364944	
Subtotal	\$5019860	\$8819712	\$-3799852
DSH Payments	\$1,157,927		
Subtotal	\$6177787	\$8819712	\$-2641925
Medicare Shortfalls	\$7961742	\$7535313	
Other Government Programs	\$0	\$0	
Total	\$14139529	\$16355025	\$-2215496

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$23295	\$-23295
Community Assessment	\$0	\$29576	\$-29576
Provision of Taxes	\$0	\$1339590	\$-1339590
Other Allocations	\$0	\$0	\$0

Comments

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